

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

FEB 8 1937 **791**
 Registration District No. **1003**

Primary Registration District No.

(No. 3501 Evans Ave. 2File No. 3799Registered No. 835

St. Ward)

2. FULL NAME Lena Schorle(a) Residence, No. 3501 Evans Ave. St. 21 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Albert D. Schorle6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

64 2 34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Waterloo, Iowa (STATE OR COUNTRY) 213. NAME Mathias Miller14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 1015. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) 3117. INFORMANT Albert D. Schorle (ADDRESS) 3501 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul DATE Jan. 30, 193719. UNDERTAKER C. L. INANE BROS. (ADDRESS) 1710 N. GRAND BLVD20. FILED JAN 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1937 19

22. I HEREBY CERTIFY That I attended deceased from

April 5th, 1923, to January 17th, 1937I last saw her alive on Jan. 17th, 1935 Death is saidto have occurred on the date stated above, at 8 P M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Acute Cordiac Dilatation

1-17-37

Name of operation..... Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Bredeck(Address) 2511 Lucas Ave St Louis Mo M. D.

3511 *Farlowia*